

Reservation Form – St. David's Day Luncheon, February 27, 2016

RESERVATION FORM & PAYMENT **MUST BE RECEIVED NO LATER THAN WEDNESDAY, FEB. 17, 2016**

Your name _____

Address _____ City _____

Zip _____ Phone _____ E-mail _____

<u>Meal Reservations</u>	
Adults (over 10 years of age)	Children's Option (10 years of age and under)
___ Chicken Breast @ \$28 each = \$ _____	___ Chicken Fingers @ \$10 each = \$ _____
___ Pork Loin @ \$28 each = \$ _____	
___ Vegetable Platter @ \$28 each = \$ _____	Total for meals = \$ _____
Grand Total – meals \$ _____ + donation \$ _____ = \$ _____	

If paying for multiple attendees, please list names and selections on reverse of this form.
A check payable to **WSCO** and this form **must be received no later than Wednesday, Feb. 17, 2016.**
Mail to: WSCO, PO Box 12023, Columbus OH 43212

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